

CONSOLIDATED TRANSPORTER NOTIFICATION

1. Business Name (Show d.b.a. name, show name exactly as it will appear on registration; same name or trademark is required on all vehicles):		2. Transporter Registration Number		
3. Business Address Number/Street	City	County/Province	State/Country	Zip/Postal Code
4. Mailing Address (If different) P.O. Box/Street	City	County/Province	State/Country	Zip/Postal Code
5a. Telephone Number (Ext. Number) ()	6. Identification Numbers. If your company transports hazardous wastes, operates the designated facility, and intends to submit only the facility copy of the consolidated manifests pursuant to Health and Safety Code Section 25160(b)(5)(A), you must provide all the transporter and facility identification numbers (12 characters) used by your company on these manifests. If necessary, list additional identification numbers on a separate sheet.			
5b. Fax Number ()				
5c. E-mail Address				

7. I intend to transport the following hazardous wastestream under the consolidated manifesting procedure, as described in Health and Safety Code, Section 25160.2. [Check all applicable box(es)]:

- | | |
|---|--|
| A. Used oil | J. Spent photographic solutions |
| B. Contents of an oil/water separator | K. Dry cleaning solvents (including perchloroethylene, naphtha, and silicone based solvents) |
| C. Solids contaminated with used oil | L. Filters, lint, and sludges contaminated with dry cleaning solvent |
| D. Brake fluid | M. Asbestos and asbestos-containing materials |
| E. Antifreeze | N. Inks from the printing industry |
| F. Antifreeze sludge | O. Chemicals and laboratory packs collected from K-12 schools |
| G. Parts cleaning solvents, including aqueous cleaning solvents | P. Absorbents contaminated with other wastes listed in Health and Safety Code Section 25160.2(c) |
| H. Hydroxide sludge contaminated solely with metals from a wastewater treatment process | Q. Filters from dispensing pumps for diesel and gasoline fuels |
| I. "Paint-related" wastes, including paints, thinners, filters, and sludges | |

8. Name and Title of Authorized Representative (print or type): _____

Signature of Authorized Representative

Date

Note: Keep this Consolidated Transporter Notification, signed by DTSC, with the valid Transporter Registration Certificate in the vehicle at all times during the transportation of hazardous waste. Transportation of wastestream(s) listed above, under the consolidated manifesting procedure, without notifying DTSC is a violation of Health and Safety Code (HSC) Section 25165(a), and may be subject to significant penalties. Consolidated transporters are also required to submit quarterly reports pursuant to HSC Section 25160.2(d).

DO NOT WRITE BELOW THIS LINE (FOR DTSC USE ONLY)

Transportation Unit Representative_____
Received date_____
(Print or type name)_____
Expiration date_____
DTSC acknowledgement date